NOTE: Filling out this vendor application form does not guarantee that you will receive all bids.

Return Application to:
Business Operations Division
Procurement Services Section
200 E Wells St, Room 601
Milwaukee WI 53202
Ph: 414-286-3501
Fax: 414-286-5976

VENDOR APPLICATION FORM

Date _____

	( )_____	( )_____
_____		
Company Name	Phone Number	Fax Number

_____	_____	_____ _____
Street Address	City	State Zip Code

_____	_____	_____
PO box (if applicable)	E-mail Address	Federal ID # **This is required to be added to the vendor database.**

Accounts Receivable (Remit to) Address (If different than first address)

_____	_____	_____ _____
Street Address / PO Box	City	State Zip Code

Address for Invitations to Bid and Requests for Proposals (If different than first address)

_____	_____	_____ _____
Street Address	City	State Zip Code

Company Contacts

Bid or Pricing

		( )_____
Name	Position	Phone Number

Accounts Receivable

		( )_____
Name	Position	Phone Number

Expediting

		( )_____
Name	Position	Phone Number

Sales Representative

		( )_____
Name	Position	Phone Number

Briefly describe the commodities or services you wish to make available to the City of Milwaukee

_____

_____

Note: You Must Also Attach a Copy of the City's Vendor Commodity/Service List

Is your business a City of Milwaukee Certified Emerging Business Enterprise (EBE or DBE)? ( ) YES ( ) NO

Note: If your Business is City Certified, we need a copy of the Certificate. Please enclose it when you return your application

Is Your Business 51% Minority Owned? ( ) YES ( ) NO

a) If Yes (Check all that apply) ( ) Black ( ) Native American ( ) Hispanic ( ) Asian Indian ( ) Female ( ) Other _____

Type of Business:_____
            ( ) Corporation ( ) Partnership ( ) Sole Proprietor   Date Founded _____

SIGNATURE REQUIRED. PLEASE SIGN BELOW:

_____	_____
Authorized Binding Signature	**Print Name and Title**